Choosing Wisely®

An initiative of the ABIM Foundation

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

外科手術

5つの問題

1

小児の外傷で全身のCT検査はルーチンでは避ける

CT検査は診断の価値はあるが小児の場合には将来に悪性腫瘍の発生の危険がある。ガイドラインにのっとって決定を慎重にしなくてはいけない

2

小児の虫垂炎の診断のためには最初は超音波検査又はMRIを実施すべきである。最初からのCT検査は避けるべきである。

CT検査は虫垂炎の診断には最終的に欠かせないツールだが最初はコストパフォーマンスと小児の人体に対する影響を考慮して超音波を選択すべきである。その感度と特異度は94%と高い。超音波で明白な所見が得られない場合は、外科医との相談で経過をみるのも選択肢である。

3

Avoid performing antireflux operations (fundoplications) during gastrostomy insertion in most children who are otherwise growing and thriving with gastric feedings.

There is significant hospital-related variation in rates of concurrent fundoplication at time of gastrostomy placement.[1] Despite recommendations that anti-reflux surgery should be considered only for children who have persistent symptoms despite medical management or are unable to be weaned from medical therapy, many patients undergo surgery without a trial of medical therapy.[2]

This is especially true in children with cardiac, pulmonary and neurologic comorbidities, for whom some surgeons may recommend prophylactic fundoplication. There are insufficient data to support the concept of fundoplication in the absence of reflux, regardless of patient comorbidities. In fact, neurologically impaired patients are at higher risk for post-operative complications and/or fundoplication failure,[3–5] and fundoplication does not lead to reduction in reflux-related admissions compared to gastrostomy alone.[6] Definitive evidence supporting the effectiveness of fundoplication in children is lacking.[7] Expert opinion-based guidelines[2] state that fundoplication can be considered in infants and children with GERD who also meet any of the following criteria: 1) life threatening complications (e.g., cardiorespiratory failure) of GERD after failure of optimal medical treatment, 2) symptoms refractory to optimal therapy, 3) chronic conditions (i.e. neurologically impaired, cystic fibrosis) with a significant risk of GERD-related complications, 4) the need for chronic pharmacotherapy for control of signs and/or symptoms of GERD.

These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their physician.

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4

臍ヘルニアは4〜5歳まで外科医に相談しなくてよい

4歳まで経過を観察していても安全である。その時点で外科医は手術の方法を選択することになる。そりより早期のコンサルタントは両親が心配している場合だけである。一般的には5歳までに８５％が自然に閉鎖する。

直径が1.5cm以上では閉鎖の可能性は低下するがそれでも合併症は極めてまれである。

5

Reduce post-operative opioid requirements in pediatric patients by administering acetaminophen and/or non-steroidal anti-inflammatory medications in the perioperative period.

Multi-modal analgesia is recommended in the management of children for their perioperative pain. Significant decreases in opioid consumption can be achieved with the concurrent use of non-steroidal anti-inflammatory drugs (NSAID) and/or acetaminophen in infants and children undergoing surgery of moderate or major severity, especially within the first twenty-four hours following surgery. The use of NSAIDs during the first 24-hours of post-operative care also reduced the incidence of nausea and vomiting.

In addition to decreasing the possibility of narcotic dependence, avoidance of opioids confers added benefits of reducing the incidence of post-operative nausea and constipation and aiding in early ambulation.

How This List Was Created

Members of the American Academy of Pediatrics Section on Surgery Subcommittee on Education and Delivery of Surgical Care submitted the top 5 topics for *Choosing Wisely* items based on a review of the literature and expert opinion. The items were refined, ranked and approved by the Section on Surgery leadership. The list was then reviewed and approved by more than a dozen relevant AAP Committees, Councils and Sections. The AAP Executive Committee granted final approval of the list.

AAP's disclosure and conflict of interest policy can be found at www.aap.org.

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The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

To learn more about the ABIM Foundation, visit www.abimfoundation.org.

About the American Academy of Pediatrics Section on Surgery

American Academy of Pediatrics

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The American Academy of Pediatrics is an organization of 66,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. The AAP Section on Surgery was founded in 1948 for the primary purpose of providing state-of-the-art techniques and education for pediatric surgeons. The Section includes over 600 pediatric surgeons and collaborates with organizations such as the American Pediatric Surgical Association, the Advisory Council on Pediatric Surgery of the American College of Surgeons, the United Network for Organ Sharing, and the World Federation of Associations of Pediatric Surgery.

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For more information or to see other lists of Things Clinicians and Patients Should Question, visit www.choosingwisely.org.